



CASH	
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CHECK ☐

**LICENSE FEE: \$50.00**

### Non-Refundable Fee

Name of Individual: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name of Licensed Body Art Establishment Where Employed: \_\_\_\_\_

Name of Body Art Establishment Owner (If different): \_\_\_\_\_

Body Art Establishment Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: (A) INDIVIDUALS MUST PRACTICE IN A LICENSED BODY ART ESTABLISHMENT.  
(B) IF THE INDIVIDUAL PERMIT HOLDER WILL BE PRACTICING BODY ART OUT OF HIS / HER ESTABLISHMENT, A SEPARATE ESTABLISHMENT APPLICATION MUST BE FILED AND A BODY ART ESTABLISHMENT LICENSE OBTAINED.

**NOTE: FIRST TIME APPLICANTS MUST PROVIDE THE FOLLOWING INFORMATION WITH THIS APPLICATION:**

- (1) TRAINING – List Dates, Institutions and Contacts / References
- (2) Dates and Places of Prior Employment as a Body Arts Practitioner
- (3) Present Photo I.D. at the Time of Application

- (3) (a) Have you ever been convicted of any criminal offense? YES ☐ NO ☐
- (b) Are you currently under charges for any criminal offense? YES ☐ NO ☐
- (c) If "YES" to either of the above, give dates, list offenses and charges disposition(use application back if necessary).


TAX ID or SOCIAL SECURITY NUMBER

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Signature of practitioner applying for license

**PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON**

# BODY ART PRACTITIONER HISTORY & INFORMATIONAL PAGE

(ONLY NEW APPLICANTS MUST complete this page for Board of Health Records).

## TRAINING: List all relevant courses taken:

Name of Course \_\_\_\_\_ Date: \_\_\_\_\_

Institution \_\_\_\_\_ Contact/Reference \_\_\_\_\_ Phone  
# \_\_\_\_\_

Name of Course \_\_\_\_\_ Date: \_\_\_\_\_

Institution \_\_\_\_\_ Contact/Reference \_\_\_\_\_ Phone  
# \_\_\_\_\_

Name of Course \_\_\_\_\_ Date: \_\_\_\_\_

Institution \_\_\_\_\_ Contact/Reference \_\_\_\_\_ Phone  
# \_\_\_\_\_

Name of Course \_\_\_\_\_ Date: \_\_\_\_\_

Institution \_\_\_\_\_ Contact/Reference \_\_\_\_\_ Phone  
# \_\_\_\_\_

## EXPERIENCE: List all prior Body Art Experience:

Name of Establishment: \_\_\_\_\_ Address \_\_\_\_\_

Date(s) of Employment \_\_\_\_\_ Reference: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Establishment: \_\_\_\_\_ Address \_\_\_\_\_

Date(s) of Employment \_\_\_\_\_ Reference: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Establishment \_\_\_\_\_ Address \_\_\_\_\_

Date(s) of Employment \_\_\_\_\_ Reference: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Establishment: \_\_\_\_\_ Address: \_\_\_\_\_

Date(s) of Employment \_\_\_\_\_ Reference: \_\_\_\_\_ Phone # \_\_\_\_\_

## Criminal Convictions: List all prior criminal convictions:

Offense: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

Offense: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

Offense: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

Offense: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_